Revision: HCFA-PM-91- - (BPD) ADDRET 1991 Hew Jersey State: Citation 3.5 1902(a)(52) Families Receiving Extended Medicaid Benefits and 1925 of the Act Services provided to families during the first (a)6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan). Services provided to families during the second (b) 6-month period of extended Medicaid benefits under section 1925 of the Act are-- $/\overline{X/}$ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan). Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services: Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

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TN No. <u>9/-35</u>	FEB 2 0 1992	_
Supersedes Approval Date TN No. 79-2	Effective Date <u>NCT 1 1991</u>	
TN No		
	HCFA ID: 7982E	

Medical or remedial care provided by

licensed practitioners.

Home health services.

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0935-
	State:,	New	Jersey
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits ed)
			Private duty nursing services.
		/	Physical therapy and related services.
			Other diagnostic, screening, preventive, and rehabilitation services.
		<u>_</u> 7	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 9/-35
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TN No. 40-2

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	Hew	Jersey
Citation		ilies Re intinued)	eceiving Extended Medicaid Benefits
	(c) <u>/</u> /	fees, for h	agency pays the family's premiums, enrollment, deductibles, coinsurance, and similar costs nealth plans offered by the caretaker's byer as payments for medical assistance
		/	1st 6 months // 2nd 6 months
	_7	emplo	agency requires caretakers to enroll in oyers' health plans as a condition of billity.
			1st 6 mos. $\boxed{}$ 2nd 6 mos.
	(d) <u>/</u> /	fa ex	ne Medicaid agency provides assistance to amilies during the second 6-month period of stended Medicaid benefits through the ollowing alternative methods:
			Enrollment in the family option of an employer's health plan.
			Enrollment in the family option of a State employee health plan.
		/	Enrollment in the State health plan for the uninsured.
		_7	Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).
TN No.	7/-35 Approval	Date	FEB 2 0 1992 Effective Date OCT 1 1991
TN No.	10-10		HCFA ID: 7982E

Revision:	HCFA-PI August	M-91-4 (BPD) 1991	OMB No.: 0938-		
	State:	New Jersey			
<u>Citation</u>	3.5	Families Receiving Exten (Continued)	ded Medicaid Benefits		
		the alternative health care	ent 3.1-A specifies and describes e plan(s) offered, including that recipients have access to lity.		
	(2)	The agency			
		(i) Pays all premiums and family for such plan(s).	enrollments fees imposed on the		
		(ii) Pays all deductibles as family for such plan(s).	nd coinsurance imposed on the		
	3.6	Unemployed Parent			
		* *	ing whether a child is deprived on ment of a parent, the agency		
		uses the standard for mea in the AFDC State plan in	asuring unemployment which was effect on July 16, 1996.		
	X	uses the following more li unemployment:	beral standard to measure		
		The total of earned and un the AFDC income standar	nearned income does not exceed rds.		
			OFFICIAL		
			99-10-MA		
TN	q	9-10	JUN 1 5 1999		
Supers	edes Th	91-35Fffantin	a DefailAN tarmanii JAN 1 - 1000		

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Enrollment in an eligible health maintenance organization (HMO) that has an enrollment of less than 50 percent of Medicaid recipients who are not recipients of extended Medicaid.

Supplement 2 to <u>ATTACHMENT 3.1-A</u> specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
 - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- /_/ (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

x 90-16	Effective	Date_	APR 0 1 1990
upersedes TN NEW	Approval	Date_	JUL 2 0 1990